

www.mass.gov/abcc

LICENSE NUMBER:	008800003		CITY OR TOW	N BELMON	1
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	JDJ, INC.				
DOING BUSINESS A	ASAI				
ADDRESS 30 LEON	ARD STREET				
CITY/TOWN: BELN	MONT	STATE: MA	ZIP CODE:	02478	
MANAGER: lee, sur	n cha TY	PE OF LICENSE: Re	estaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR E	EMAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMI	SES:			
ONE STORY FULL-S		URANT SEATING_	49 LOCATED AT	30 LEONARI)
STREET IN BELMOI	NT.				
I hereby certify and sw	vear under penaltie	s of perjury that:			
1. the renewed	d license will be of	the same type for the	e same premises no	ow licensed;	
2. the licensee	e has complied with	h all laws of the Com	monwealth relating	g to taxes; and	
3. the premise	es are now open for	r business (If not expl	lain below)		
SIGNED BY					
	Individual, Partner	r or Authorized Corp	orate Officer		
DATE:	TELEPHON	NE NUMBER:	EMPLOY	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT	Individual Social S	Security Number)
We the undersigned,	attest that we are	e in nossession (1) th	ne certificate requ	ired by Chant	er 304 of the
Acts of 2004, signed	by the building in	spector and the hea	d of the fire depa	rtment for the	above
named license and (2 of 2010.	the certificate of	f liquor liability insi	urance required b	y Chapter 116	of the Acts
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	n)				
DATE:					



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LICENSE NUMBER: 008800	0004	CITY OR TOWN BELMON	ľ
APPLICATION FOR RENEV	WAL: Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: PHO & DOING BUSINESS A PHO			
ADDRESS 63 WHITE ST			
CITY/TOWN: BELMONT	STATE: MA	ZIP CODE: 02478	
MANAGER: Wyckoff, Sas	irat TYPE OF LICENSE: R	estaurant CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALS	SO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENS		***************************************	
FULL SERVICE RESTAUR.	ANT SEATING FIFTY PERSO	DNS	
2. the licensee has co 3. the premises are no SIGNED BY Individ	ow open for business (If not explain of the explain	nmonwealth relating to taxes; and plain below) porate Officer	TON NUMBER
DATE.	TELEPHONE NUMBER:	EMPLOYER IDENTIFICAT (Note: NOT Individual Social S	
Acts of 2004, signed by the	building inspector and the he	he certificate required by Chapt ad of the fire department for the surance required by Chapter 116	er 304 of the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORS	ORITY
DATE:			



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LICENSE NU	MBER: 008800005		CITY OR TOWN BELMON	NT
APPLICATIO	N FOR RENEWAL	: Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE N.	AME: SHANGRI-	LA, INC		
DOING BUSI	NESS A JEANNE S	SUSHI RESTAURANT		
ADDRESS 14	9 BELMONT STRE	EET		
CITY/TOWN:	BELMONT	STATE: MA	A ZIP CODE: 02478	
MANAGER:	HUANG, SZE- FENG	TYPE OF LICENSE:	Restaurant CATEGORY	: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	<u></u>
DESCRIPTIO	N OF LICENSED P	REMISES:		
ONE STORY	FULL SERVICE RI	ESTAURANT, SEATING	G FOR 40	
I hereby certify	y and swear under pe	enalties of perjury that:		
1. the	renewed license wil	l be of the same type for t	he same premises now licensed;	
2. the	licensee has complie	ed with all laws of the Co	mmonwealth relating to taxes; and	l
3. the	premises are now of	pen for business (If not ex	plain below)	
SIGNED BY	Individual,	Partner or Authorized Con	rporate Officer	
DATE:	TELE	EPHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
Acts of 2004,	signed by the build	ling inspector and the he	the certificate required by Chap ead of the fire department for th surance required by Chapter 11	e above
Please Check Bel	ow:		LOCAL LICENSING AUTI	HORITY
APPROVED:			By:	
DISAPPROVI	<u> </u>			
(If disapproved	a explain)			
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FIL	ED BY LICENSEES DURING THE	E MONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



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LICENSE NUMBER	C: 008800008		CITY	OR TOWN	DELMON.	I
APPLICATION FOR	R RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	BELMONT COUN	TRY CLUB				
DOING BUSINESS	A					
ADDRESS 181 WIN	TER STREET					
CITY/TOWN: BEL	MONT	STATE: MA	ZI	P CODE:	02478	
MANAGER: BIEN	NAPFL, LARRYTYP	E OF LICENSE:	Club	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
Ĺ	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR	EMAIL ADD	RESS		
DESCRIPTION OF	LICENSED PREMIS	SES:				
PRIVATE CLUB W. BE CONSUMED IN ROOMS (3), SNACH SERVICE BARS.	MENS & LADIES I	LOCKER ROOMS	, PRO SF	HOP, LOBB	Y FUNCTIO	N
I hereby certify and s	wear under penalties	of perjury that:				
1. the renew	ed license will be of t	the same type for the	ne same p	remises now	licensed;	
2. the license	ee has complied with	all laws of the Cor	nmonwea	alth relating t	to taxes; and	
3. the premis	ses are now open for	business (If not ex	plain belo	ow)		
SIGNED BY						
	Individual, Partner	or Authorized Cor	porate Of	ficer		
DATE:	TELEPHON	E NUMBER:		EMPLOYE	R IDENTIFICAT	TION NUMBER:
			(Note: NOT Inc	dividual Social S	Security Number)
We the undersigned Acts of 2004, signed named license and of 2010.	by the building ins	pector and the he	ad of the	fire depart	ment for the	above
Please Check Below:			LOC	CAL LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expla	in)					
DATE:						
				-		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 008800009	C	CITY OR TOWN BELMON	VT
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
	AME: NICHOLAS M NESS A BROTHERS			
ADDRESS 12	1 TRAPELO RD			
CITY/TOWN:	BELMONT	STATE: MA	ZIP CODE: 02478	
MANAGER:	NICHOLAS MARKANTONIS	ΓΥΡΕ OF LICENSE: Resta	urant CATEGORY	: Wine and Malt Regular
EMAIL ADDR	RESS:			
		UR WEBSITE AND ENTER YOUR EMAI	IL ADDRESS	
	N OF LICENSED PRE			
		CAURANT SEATING 39		_
				-
3. the SIGNED BY	premises are now open	with all laws of the Commo for business (If not explain the control of the commo for business (If not explain the control of the commo for business (If not explain the commo for explain the c		
DATE:	TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Acts of 2004,	signed by the building	inspector and the head o	certificate required by Chap of the fire department for th nce required by Chapter 11	e above
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AUTH By:	HORITY
DATE:				

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NUN	ABER: 008800010		CITY OR TOWN BELMON	T
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NA	ME: ROHBAJ ENTI	ERPRISES INC.		
DOING BUSIN	NESS A KASHISH RE	ESTAURANT		
ADDRESS 61 1	LEONARD STREET			
CITY/TOWN:	BELMONT	STATE: MA	ZIP CODE: 02478	
MANAGER:	BAJWA, SURJIT	ΓΥΡΕ OF LICENSE: Res	staurant CATEGORY:	Wine and Malt Regular
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
	N OF LICENSED PRE			
2000 SF RESTA	AURANT WITH 18TA	ABLES AND SEATING	FOR 64 LOCATED AT 61 LE	ONARD
I hereby certify	and swear under penal	ties of perjury that:		
1. the r	renewed license will be	of the same type for the	same premises now licensed;	
2. the 1	icensee has complied v	vith all laws of the Comr	nonwealth relating to taxes; and	
3. the p	premises are now open	for business (If not explain	ain below)	
SIGNED BY				
	Individual, Part	tner or Authorized Corpo	orate Officer	
D.A.EEE				
DATE:	TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
			(110tc. 1101 Individual Social	Security Number)
Acts of 2004, s	signed by the building	inspector and the head	e certificate required by Chap I of the fire department for the rance required by Chapter 11	e above
Please Check Belov	<u>w:</u>		LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 008800011		CITY OR TOWN	BELMONT	
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: LITTLE LOTUS CO	o., INC.			
DOING BUSINESS A PATOU				
ADDRESS 69 LEONARD STREET				
CITY/TOWN: BELMONT	STATE: MA	ZIP CODE:	02478	
MANAGER: PAUL TYPE VIRIYABONTORN	OF LICENSE: Res	taurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EM	MAIL ADDRESS		
DESCRIPTION OF LICENSED PREMISE	ES:			
ONE STORY RESTAURANT SEATING A OUTDOOR SEASONAL SEATING	A TOTAL OF 125.	105 INDOOR SEA	ATING; 20	
I hereby certify and swear under penalties o	f perjury that:			
1. the renewed license will be of the	e same type for the	same premises now	licensed;	
2. the licensee has complied with a	ll laws of the Comn	nonwealth relating to	taxes; and	
3. the premises are now open for bu	usiness (If not expla	in below)		
SIGNED BY				
Individual, Partner o	r Authorized Corpo	rate Officer		
DATE				
DATE: TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Indi		ION NUMBER:
		(110te. <u>1101</u> IIId.	ividuai Sociai S	ecurity Number)
We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010.	ector and the head	of the fire departn	nent for the	above
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(It disapproved explain)				
(If disapproved explain)				
(II disapproved explain)				

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NUMBER: 0088	300012		CITY (OR TOWN	BELMON	Γ
APPLICATION FOR REN	IEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: ASI	LLEM,LLC					
DOING BUSINESS A ST	ONEHEARTH	PIZZA CO.				
ADDRESS 57 LEONARD	ST					
CITY/TOWN: BELMON	T	STATE:	MA ZIF	CODE:	02478	
MANAGER: ROBBINS, OPHER	CHRIST TYPE	E OF LICENSI	E:Restaurant	C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PLEASE	ALSO VISIT OUR WEB	SSITE AND ENTER YO	OUR EMAIL ADDR	ESS		_
DESCRIPTION OF LICEN						
ONE STORY RESTAURA 50	ANT WITH SEA	ATING FOR 40) AND AN O	CCUPANO	CY CAPACIT	Y FOR
I hereby certify and swear	under penalties o	of perjury that:				
1. the renewed lice	ense will be of th	ne same type fo	r the same pr	emises now	licensed;	
2. the licensee has	complied with a	all laws of the C	Commonweal	th relating	to taxes; and	
3. the premises are	now open for b	ousiness (If not	explain belov	w)		
SIGNED BY						
Indi	vidual, Partner o	or Authorized C	Corporate Off	icer		
D 4 777						
DATE:	TELEPHONE	NUMBER:	(N			TON NUMBER:
			(1)	iote. <u>1401</u> III	arviduai sociai s	Security Number)
We the undersigned, atte Acts of 2004, signed by the named license and (2) the of 2010.	he building insp	ector and the	head of the	fire depart	ment for the	above
Please Check Below:			LOCA	AL LICEN	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain)						
DATE:						



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LICENSE NUI	MBER: 008800014		CITY OR TOWN BELM	IONT
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE NA	AME: SAVINO'S G	RILLE INC.		
DOING BUSI	NESS A SAVINO'S			
ADDRESS 449	9 COMMON STREE	Т		
CITY/TOWN:	BELMONT	STATE: MA	ZIP CODE: 02478	3
MANAGER:	CUTRONE, THOMAS	TYPE OF LICENSE:R	destaurant CATEGO	RY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PR	EMISES:		
2600 SQ. FT. I	PREMISES LEASED	ON 2 FLOORS		
I hereby certify	and swear under pen	alties of perjury that:		
1. the	renewed license will	be of the same type for the	ne same premises now licensee	1;
2. the	licensee has complied	with all laws of the Con	nmonwealth relating to taxes;	and
3. the	premises are now ope	en for business (If not exp	plain below)	
SIGNED BY	Individual, Pa	artner or Authorized Cor	porate Officer	
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTII (Note: <u>NOT</u> Individual So	FICATION NUMBER: ocial Security Number)
Acts of 2004,	signed by the building	ng inspector and the he	the certificate required by C ad of the fire department for surance required by Chapte	r the above
Please Check Belo	ow:		LOCAL LICENSING AU	JTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	i expiain)			
DATE:				
APPLICATION FOR	RENEWAL MUST BE FILE	D BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 1	38 \$ 16A)



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	CITY OR TOWN BELMONT	
Annual	LICENSED FOR 2013	
CLASS	YEAR	
ELOPMENTS		
STATE: MA	ZIP CODE: 02478	
PE OF LICENSE: Res	staurant CATEGORY: All Alcoh	ol
EBSITE AND ENTER YOUR EN	MAIL ADDRESS	
SES:		
NG OLD FIREHOUS NAL SEATING	E AT 54 LEONARD STREET.	
of perjury that:		
the same type for the	same premises now licensed;	
all laws of the Comm	nonwealth relating to taxes; and	
business (If not expla	ain below)	
or Authorized Corpo	orate Officer	
E NUMBER:	EMPLOYER IDENTIFICATION NUMBER	ER:
	(Note: NOT Individual Social Security Numb	`
		er)
spector and the head	e certificate required by Chapter 304 of tl l of the fire department for the above rance required by Chapter 116 of the Act	ne
spector and the head	d of the fire department for the above	ne
spector and the head	l of the fire department for the above rance required by Chapter 116 of the Act	ne
spector and the head	of the fire department for the above rance required by Chapter 116 of the Act	ne
spector and the head	of the fire department for the above rance required by Chapter 116 of the Act	ne
spector and the head	of the fire department for the above rance required by Chapter 116 of the Act	ne
	CLASS VELOPMENTS STATE: MA PE OF LICENSE: Res SES: NG OLD FIREHOUS NAL SEATING of perjury that: the same type for the all laws of the Comr business (If not expla	CLASS YEAR PEOPMENTS STATE: MA ZIP CODE: 02478 PE OF LICENSE: Restaurant CATEGORY: All Alcohologophic Components EBSITE AND ENTER YOUR EMAIL ADDRESS SES: NG OLD FIREHOUSE AT 54 LEONARD STREET. NAL SEATING of perjury that: the same type for the same premises now licensed; all laws of the Commonwealth relating to taxes; and business (If not explain below) or Authorized Corporate Officer



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:008800016		CITY OR TOWN BELMON	N1
APPLICATION FOR	R RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS	_	VENTURES IN WIT	JF	
ADDRESS 32 LEON		VENTORES IIV WII	VL	
		CTATE. MA	ZID CODE. 02470	
CITY/TOWN: BEL		STATE: MA	ZIP CODE: 02478	
MANAGER: KEM	P, CAROLYN TYP	'E OF LICENSE: Pac	ckage Store CATEGORY	: Wine and Malt Regular
EMAIL ADDRESS:				
]	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF I	LICENSED PREMIS	SES:		
1050 SQ FT RETAIL	L PKG STORE			
I hereby certify and s	wear under penalties	of perjury that:		
1. the renew	ed license will be of	the same type for the	same premises now licensed;	
2. the license	ee has complied with	all laws of the Comr	nonwealth relating to taxes; and	I
	ses are now open for		· ·	
SIGNED BY				
SIGINED DI	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICA	ATION NUMBER:
			(Note: NOT Individual Social	Security Number)
Please Check Below:			LOCAL LICENSING AUTI	HORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expla	in)			
DATE:				

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 008800017		CITY OR TOWN BELMC	ONT
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: The Spirited Go	urmet of Belmont, Ltd		
DOING BUSINESS A The Spirited G	ourmet		
ADDRESS 448 Common St			
CITY/TOWN: BELMONT	STATE: MA	ZIP CODE: 02478	
MANAGER: Benoit, Christopher T	YPE OF LICENSE: Pac	kage Store CATEGOR	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PREM	MISES:		
3700 sq ft with center front entrance			
I hereby certify and swear under penalt	ies of perjury that:		
1. the renewed license will be	of the same type for the	same premises now licensed;	
2. the licensee has complied w	ith all laws of the Comn	nonwealth relating to taxes; ar	nd
3. the premises are now open f	or business (If not expla	in below)	
SIGNED BY			
	ner or Authorized Corpo	rate Officer	
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFIC	CATION NUMBER:
		(Note: NOT Individual Soci	al Security Number)
Please Check Below: APPROVED:		LOCAL LICENSING AUT	THORITY
DISAPPROVED:		By:	
(If disapproved explain)			
(11 disapproved enplain)			
DATE:			

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NUN	MBER: 008800018		CITY OR TOWN BELMON	NT		
APPLICATION	N FOR RENEWAL	: Annual	LICENSED FOR	2013		
		CLASS		YEAR		
LICENSEE NA	AME: WAVERLY	POST 1272 VFW				
DOING BUSIN	NESS A					
ADDRESS 310	TRAPELO ROAD)				
CITY/TOWN:	BELMONT	STATE: MA	ZIP CODE: 02478			
	O'ROURKE, DENNIS P.	TYPE OF LICENSE: Vet	erans club CATEGORY	: All Alcohol		
EMAIL ADDR	ESS:					
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS			
DESCRIPTION	N OF LICENSED P	REMISES:				
	VITH LOUNGE , L AL CAPACITY OF		AREA AND SMALL MEETIN	IG ROOM		
I hereby certify	and swear under pe	enalties of perjury that:				
1. the r	renewed license wil	l be of the same type for the	same premises now licensed;			
2. the l	licensee has complie	ed with all laws of the Comn	nonwealth relating to taxes; and	d		
3. the p	premises are now of	pen for business (If not expla	ain below)			
SIGNED BY						
	Individual,	Partner or Authorized Corpo	orate Officer			
DATE:	TELE	PHONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
			(16te. 1401 Harvidan Socia	1 Security Number)		
Acts of 2004, s	signed by the build	ling inspector and the head	e certificate required by Chap I of the fire department for the rance required by Chapter 1	ne above		
Please Check Below	w:		LOCAL LICENSING AUTI	HORITY		
APPROVED:			By:			
DISAPPROVE						
(If disapproved	ехріані)					
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	SE NUMBER: 008800019 CITY OR TOWN BELMONT			Γ	
APPLICATION FOR RENEWAL:		Annual	LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NAI	ME: CRAFT BEER	INITIATIVE, LLC			
DOING BUSIN	ESS A CRAFT BEEF	R CELLAR			
ADDRESS 51 L	EONARD STREET				
CITY/TOWN:	BELMONT	STATE: MA	ZIP CODE:	02478	
	SCHALOW, 7 SUZANNE L.	TYPE OF LICENSE: P	ackage Store Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDRE	ESS:				
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION	OF LICENSED PREI	MISES:			
	ORTE, MAIN ENTRA O TOWN PARKING	ANCE ON LEONARD LOT.	STREET. QALK TH	IROUGH BA	ACK
	remises are now open	with all laws of the Cor for business (If not exp ner or Authorized Cor	plain below)		
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
Please Check Below:		LOCAL LICENSING AUTHORITY			
APPROVED: DISAPPROVED:			Ву:		
(If disapproved of					
DATE:					

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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	CITY OR TOWN BELMON	T	
.: Annual	LICENSED FOR 2	2013	
CLASS		YEAR	
A'S			
ET			
STATE: MA	ZIP CODE: 02478		
TYPE OF LICENSE: Res	taurant CATEGORY:	Wine and Malt Regular	
IT OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		
PREMISES:			
	RESS AND AN OCCUPANCY	Y OF 95	
enalties of perjury that:			
ll be of the same type for the	same premises now licensed;		
ed with all laws of the Comm	nonwealth relating to taxes; and		
pen for business (If not expla	in below)		
Partner or Authorized Corpo	rate Officer		
EPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:		
	(Note: NOT Individual Social	Security Number)	
ding inspector and the head	of the fire department for the	e above	
	LOCAL LICENSING AUTH	IORITY	
	By:		
	CLASS A'S ET STATE: MA TYPE OF LICENSE: Res TH OUR WEBSITE AND ENTER YOUR EMPREMISES: TH FRONT AND REAR EG 85 enalties of perjury that: ll be of the same type for the fied with all laws of the Commpen for business (If not explain the pen for business (If not explain the pen for Authorized Corpose Phone NUMBER: We are in possession (1) the ding inspector and the head	CLASS A'S ET STATE: MA ZIP CODE: 02478 TYPE OF LICENSE: Restaurant CATEGORY: TOUR WEBSITE AND ENTER YOUR EMAIL ADDRESS PREMISES: TH FRONT AND REAR EGRESS AND AN OCCUPANCY 85 enalties of perjury that: Il be of the same type for the same premises now licensed; ied with all laws of the Commonwealth relating to taxes; and pen for business (If not explain below) Partner or Authorized Corporate Officer EPHONE NUMBER: EMPLOYER IDENTIFICA (Note: NOT Individual Social we are in possession (1) the certificate required by Chapding inspector and the head of the fire department for the icate of liquor liability insurance required by Chapter 11 LOCAL LICENSING AUTH	